Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

12,519

(Column 1) (Column 2)								SMALL ENTITY TYPE			OR SMALL ENTITY	
TOTAL CLAIMS			14				ſ	RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		I	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			14 minus 20=		* -0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 = *=				1	X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				ľ	+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	37	OR	TOTAL	
CLAIMS AS AMENDED - PART II								CMALL	- 12121	• ·	OTHER	
	(Column 1) CLAIMS		(Colur				SMALL			OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	CL AINA	=		X42=		OR	X84=	
L	FINOT FRESE	INTATION OF MI	OLTIPLE DE	PENDENT	CLAIIVI			+140=		OR	+280=	
							L ^	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 01 4114	-		X42=	*	OR	X84=	
Ĺ	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		1	+140=		OR	+280=	
								TOTAL DDIT. FEE			TOTAL	
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE	L
		CLAIMS		HIGH	EST	(Column o)	1 г		ADDI			ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		」			UR	<u> </u>	
*	If the entry in colu	ımn 1 is lese than t	he entry in co	lumn 2 write	a "∩" in co	lumn 3		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		mber Previously Pa					er four	nd in the app	propriate bo	x in co	lumn 1.	